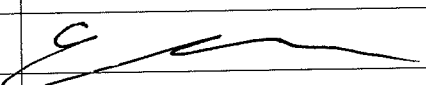


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | |
|--|--|------------------------|--------------------------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | | Application Number | 10/541,819-Conf. #4273 |
| | | Filing Date | February 10, 2006 |
| | | First Named Inventor | Klaus Kohlman Von-platen |
| | | Art Unit | 2894 |
| | | Examiner Name | B. Smith |
| Total Number of Pages in This Submission | | Attorney Docket Number | 31583-219318 |

| ENCLOSURES (Check all that apply) | | | |
|--|--|--|---------|
| <input checked="" type="checkbox"/> Transmittal Form SB-21 <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment <input checked="" type="checkbox"/> Amendment Transmittal <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): | Remarks |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
| Firm Name | VENABLE LLP | | |
| Signature |  (Reg. No. 60,767) for: | | |
| Printed name | Robert Kinberg | | |
| Date | 6/30/09 | Reg. No. | 26,924 |